

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small>							<small>SERIAL NO.</small> 10/601,862	<small>FILING DATE</small>					
							<small>APPLICANT(S)</small>						
CLAIMS													
	BEFORE		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		/		/			53						
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47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	0	2	0		0	TOTAL IND.						
TOTAL DEP.	10	0	7	0		0	TOTAL DEP.						
TOTAL CLAIMS	12		9				TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1380 (REV. 3-78)

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